

Visiting Nurse Services of the Northwest

Notice of Privacy Practices for Flu/Wellness Program

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY THE VISITING NURSE SERVICES OF THE NORTHWEST FLU AND WELLNESS PROGRAMS AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

What is this notice and why is it important

This notice is required by law to inform you of how your health information will be protected, how we may use or disclose your health information and about your rights regarding your health information.

Understanding your health information

Each time you receive health care, a record of your care is made. The medical record for Flu and Wellness clinic services contains your consent for treatment and acknowledgement that you have been informed regarding the risk of receiving immunizations and or tests, and sufficient information to verify Medicare eligibility. This information serves as:

Legal documentation of the care you receive

A means by which you or a third-party payer (i.e. health insurance, Medicare, employer) can verify that the services you received were appropriately billed.

A means of communication among healthcare professions regarding the services that you receive.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You will receive a copy of this notice when you receive your immunization or test. Thereafter you may request a copy of this notice or any revisions by calling the VNS Wellness Program at (425) 778-2400, or on our website at www.vnsnw.com.

Before we use or disclose your health information, other than as described below, we will obtain your written authorization.

You may request a copy of your health information that is kept in your medical or billing record. The request must be made in writing, and you may be charged for the cost of your copies.

If you believe that the information we have about you is incorrect or incomplete, you may request that we correct or add information. This request must be made in writing.

You may request that we communicate with you about your health information in a specific way (i.e. at a certain mail address or phone number.) We will make every effort to agree to your request.

You may request in writing that we restrict the use of disclosure of your health information, except when we are required by law, or in an emergency situation in order to treat you. We will consider your request, but are not legally required to agree if your request interferes with our ability to treat you, or to obtain payment.

You or your representative have the right to request an accounting of disclosures of your health information made by VNS for any reason other than for treatment, payment or health operations. The request for an accounting must be made in writing to our privacy officer. The request should specify the time period for the accounting starting on or after April 14, 2003. Accounting requests may not be made for periods of time in excess of six (6) years. VNS will provide the first accounting you request during any 12 month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

Other than is stated above, VNS will not disclose your health information other than with your written authorization. If you or your representative authorizes us to use or disclose your health information, you may revoke that authorization in writing at any time.

We will use your health information for the purposes of Treatment, payment and healthcare operations. If necessary, we may share this information with members of your healthcare team. We may use your health information to collect payment for services we provide. If someone else is paying for your care (i.e. Medicare, employer, insurance company.) We may provide documentation of services provided in order to obtain payment. If you are an employee of a company who pays for the services you received, verification of these services will be provided to your employer. If you are Medicare eligible, information may be given to our billing department to bill Medicare. We will also use your information in the course of internal operations, within our agency.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED WITHOUT FIRST RECEIVING YOUR WRITTEN AUTHORIZATION.

When Legally Required VNS will disclose your health information when it is required to do so by any Federal, State or local law.

When There Are Risks to Public Health We may disclose your health information as required by law to public health or legal authorities charged with preventing or controlling disease or injury.

Food and Drug Administration (FDA) We may disclose your information relating to adverse events with respect to immunizations and/or health screening tests.

To Report Abuse, Neglect Or Domestic Violence VNS is required to notify government authorities if we believe a patient is the victim of abuse, neglect or domestic violence.

To Conduct Health Oversight Activities VNS may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. The Agency, however, may not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

In Connection With Judicial And Administrative Proceedings The agency may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when the Agency makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

For Law Enforcement Purposes As permitted or required by State law, the Agency may disclose your health information to a law enforcement official for certain law enforcement purposes as follows:

For Research Purposes VNS may, under very select circumstances, use your health information for research. Before we disclose any of your health information for such research purposes, the project will be subject to an extensive approval process. VNS will request your written authorization before granting access to your individually identifiable health information.

In the Event of A Serious Threat To Health Or Safety VNS may, consistent with applicable law and ethical standards of conduct, disclose your health information if we, in good faith, believe that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

For Specified Government Functions In certain circumstances, the Federal regulations authorize us to use or disclose your health information to facilitate specified government functions relating to military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody.

Duties of the Agency VNS is required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of its duties and privacy practices. The Agency is required to abide by the terms of this Notice as may be amended from time to time. VNS reserves the right to change the terms of it Notice and to make the new Notice provisions effective for all health information that it maintains. You may also obtain a current version of our Notice of Privacy practices on the internet at www.vnsnw.com. You, or your personal representative, have the right to express complaints to the Agency and to the Secretary of DHHS if you or your representative believes that your privacy rights have been violated. Any complaints to the Agency should be made in writing to our Privacy Officer. VNS encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

Contact Person-Privacy Officer The Agency has designated the Privacy Officer as its contact person for all issues regarding patient privacy and your rights under the Federal privacy standards. You may contact this person at 6100 219th St SW Suite 400 Mountlake Terrace WA 98043. Phone number is (425) 744-2408. E-mail address privacyofficer@vnsnw.com.

IF YOU HAVE ANY QUESTION REGARDING THIS NOTICE, PLEASE CONTACT OUR PRIVACY OFFICER AT 6100 219TH ST. SW SUITE 400 MOUNTLAKE TERRACE WA 98043. PHONE (425) 744-2408 E-MAIL PRIVACYOFFICER@VNSNW.COM.